STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## SW PAID HOURS VERIFICATION WORKSHEET

MONTH:	GROUP HOME:				

SOCIAL WORKERS NAME	SR 2B HOURS REPORTED	REPORTED TIME CARD HOURS		VERIFIED TIME CARD HOURS		REPORTED PAID HOURS		VERIFIED PAID HOURS		GROSS WAGES	AUDITED HOURLY	TOTAL HOURS	AUDITED DIFF.FROM REPORTED	COMMENTS *
		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	PAID	RATE	ALLOWED	SR 2B	
TOTAL														

## \*LEGEND

- 1. Per Payroll Hours
- 2. Per time card hours
- 3. Did not meet CCL requirements
- 4. Per SW billings
- 5. No allocation between functions
- 6. No payment for services